



**Who must make composite estimated payments?**

A partnership or subchapter S corporation, acting as the authorized agent, is not required to make estimated payments for its partners or shareholders. However, it may do so by filing Form IL-1023-CES on behalf of partners or shareholders. **Do not** use Form IL-1040-ES, Estimated Income Tax Payments for Individuals or Form IL-1120-ES, Estimated Income and Replacement Tax Payments for Corporations, vouchers to make these payments.

You should complete the worksheet in Step 1 to figure your estimated tax for 2009 and determine the amount of each estimated tax payment.

**When should I file and pay?**

Your payment due dates are determined by the authorized agent's tax year. If you, as the authorized agent, file on a calendar year basis, your estimated payments are due by April 15, June 15, September 15, and January 15 of the subsequent year.

If you, as the authorized agent, file on a fiscal year basis, the estimated payment due dates are the 15th day of the 4th month, 6th month, and 9th month of the fiscal year, and the 1st month of the subsequent year.

Attach each payment to the voucher, Form IL-1023-CES. **Do not** send estimated tax payments with your Form IL-1023-C, Composite Income and Replacement Tax Return.

Make your check or money order payable to "Illinois Department of Revenue."

**Note** You, as authorized agent, are responsible for submitting composite forms and payments on behalf of your partners or shareholders.

**When should I reconcile any payments made?**

If you expect any tax due, you must reconcile annually by filing Form IL-1023-C on or before the 15th day of the 4th month, following the close of your tax year and pay any remaining tax due. To compute the remaining tax due, subtract any payments previously made from the total tax due. If you made any estimated

payments, you must file Form IL-1023-C in order to receive a refund or credit of any overpayment. You **may not** apply this overpayment or any Form 1023-C payments to your own liability or to an individual return of any of your partners or shareholders.

If you are unable to file Form IL-1023-C by the original due date, you must use Form IL-505-B, Automatic Extension Payment, to pay any remaining tax due to avoid the assessment of penalties and interest. For more information, see Form IL-2220, Computation of Penalties for Businesses.

**Where should I file?**

Mail your vouchers, with your payment, to  
**ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19009  
SPRINGFIELD IL 62794-9009**

**Do not** send payments to commercial bank depositories as designated by the Internal Revenue Service (IRS).

**What if I need additional assistance?**

- Visit our web site at **tax.illinois.gov**;
- Call our Taxpayer Assistance Division at **1 800 732-8866 or 217 782-3336**; or
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**.

Our office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

**What if I need additional forms?**

- Visit our web site at **tax.illinois.gov**;
- Call our 24-hour Forms Order Line at **1 800 356-6302**; or
- Write to us at **P.O. Box 19010, Springfield, Illinois 62794-9010**.



**Step 1: Complete the composite estimated tax worksheet**

- 1 Write the amount of composite income expected in 2009. (See Form IL-1023-C instructions.) 1 \_\_\_\_\_
- 2 Total estimated income tax. Multiply Line 1 by 3% (.03). Write the result here and on Line 5. 2 \_\_\_\_\_

**Complete Lines 3 and 4 only if you wish to estimate replacement tax due for any trust members.**

Otherwise, go to Line 5.

- 3 Write the amount of estimated composite income included in Line 1 that is subject to replacement tax. 3 \_\_\_\_\_
- 4 Total estimated replacement tax. Multiply Line 3 by 1.5% (.015). Write the result here and on Line 6. 4 \_\_\_\_\_
- 5 Write the total estimated income tax amount from Line 2. 5 \_\_\_\_\_
- 6 Write the total estimated replacement tax amount from Line 4. 6 \_\_\_\_\_
- 7 Add Lines 5 and 6. This is your total amount of estimated composite income and replacement tax. 7 \_\_\_\_\_
- 8 Write the amount of any 2008 overpayment credited to 2009. 8 \_\_\_\_\_
- 9 Subtract Line 8 from Line 7. 9 \_\_\_\_\_
- 10 Divide the amount on Line 9 by 4. This is the amount of each of your estimated payments. 10 \_\_\_\_\_

**Step 2: Complete the estimated tax voucher**

- 1 Complete the voucher. Fiscal year filers see "When should I file and pay?"
- 2 Write the federal employer identification number (FEIN) of the partnership or S corporation and the tax year ending.
- 3 Write the name and address of the partnership or S corporation.
- 4 Write the amount you are paying from Step 1, Line 10.
- 5 Detach the voucher and enclose a check or money order for the amount you are paying. Mail your completed voucher and payment to the address shown on the voucher. Write your FEIN and "IL-1023-CES" on your payment. Complete Step 3 below.

**Step 3: Record your estimated tax payments.**

Voucher amount	Voucher date	Check or money order number
	/ /	
	/ /	
	/ /	
	/ /	
<b>Total</b>		

IL-1023-CES (R-12/08)

Page 2 of 3



**Illinois Department of Revenue**  
**IL-1023-CES**

**Composite Estimated Tax Payment  
for Partners and Shareholders**

Official use only

Mail to Illinois Department of Revenue,  
P.O. Box 19009, Springfield, IL 62794-9009.

**Estimated tax payment due dates**

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 1st month of subsequent yr.

\_\_\_\_\_ - \_\_\_\_\_  
Federal employer identification number

**6 6 6**  
Seq. code

Tax year ending \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of partnership or S corporation

\$ \_\_\_\_\_  
Amount of payment

\_\_\_\_\_  
In care of

Official use only

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City, state, ZIP

Return this voucher with check or money order payable to "Illinois Department of Revenue."



Illinois Department of Revenue

# IL-1023-CES

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(R-12/08)

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Federal employer identification number

**6 6 6**  
Seq. code

\_\_\_\_\_  
Name of partnership or S corporation

\_\_\_\_\_  
In care of

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City, state, ZIP

Tax year ending \_\_\_\_ / \_\_\_\_  
Month / Year

\$ \_\_\_\_\_  
Amount of payment

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In care of

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Mailing address

\_\_\_\_\_  
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Tax year ending \_\_\_\_ / \_\_\_\_  
Month / Year

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\_\_\_\_\_  
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\_\_\_\_\_  
In care of

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\_\_\_\_\_  
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Month / Year

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